

											EW-	I Filler Date				
	CLAIMS ONLY								Application Number 9/9897/1				Filing Date			
		-			Applicant(s)										
									* May be used for additional claims or amendments							
CLAIMS	CLAIMS AT PLEO		APTER ST AFFECTION													
				DMENT		DMENT										
	Indep	Depend	Indep	Depend	Indep	Depend	!	<u> </u>	Indep	Depend	Indep	Depend	Indep	Depend		
1 2				ļ				51	 							
3		1,	 				1	52 53	 							
4			ļ			-	ł	54	 							
5	7					 		55	<u> </u>							
6		7						56	1							
7		1.						57								
8		./					l	58								
9								59								
10								60								
11 12							1 1	61								
13		1		-			1	62 63	ļ							
14		- /- /-						64	 							
15		1						65					-			
16		/					İ	66								
ستل								67								
18								68								
(19) (20)								69	ļ							
- Pr	-						H	70 71	 							
22							' !	72	 							
23							ı	73								
24							Ī	74								
25								75								
26 27		-/					ŀ	76	ll							
28		-/					ŀ	77 78	 							
29		/					ŀ	79	 							
30							ı	80								
31							Ī	81								
32								82								
33	/						- 1	83								
35		- 					ŀ	84								
36							ŀ	85 86								
37		,					- t	87								
38-							- 1	88				1	$\overline{}$			
39	Λ							89								
40		_/_						90								
41 42							- -	91								
43							ŀ	92 93	<u> </u>							
44							- 1	94								
45							ŀ	95								
46							ı	96								
47								97								
48							L	98								
49 50			∤				-	99								
Total	$\overline{}$						ŀ	100 Tatal								
Indep	2		İ				- 1	Total Indep			-	 	1			
Total	7a-	」 ├		」 ├				Total	4	」		J ⊦		[
Depend	19		•					Depend								
Total	1		Ţ	Ī			ſ	Total								
Claims	MI					1		Claims								